DOCUMENT RESUME

ED 218 542 CG 016 041

AUTHOR Greenwood, Reed; And Others
TITLE Systematic Caseload Management: Participant's Workbook. Advanced Facilitative Case Management Series, Training Package III.
INSTITUTION Arkansas Univ., Fayetteville. Rehabilitation Research and Training Center.
SPONS AGENCY National Inst. of Handicapped Research (ED), Washington, DC.
PUB DATE 80
GRANT NIHR-16-P-56812-RT-13
NOTE 51p.; For related documents, see CG 016 034-040.
AVAILABLE FROM Arkansas Rehabilitation Research and Training Center, Publications Department, P.O. Box 1358, Hot Springs, AR 71901 ($4.00).

EDRS PRICE MF01/PC03 Plus Postage.
DESCRIPTORS *Caseworker Approach; Counseling Techniques; *Counselor Training; Evaluation Methods; Learning Modules; Objectives; Planning; *Rehabilitation Counseling; Self Evaluation (Individuals); *Skill Development; Student Participation; *Training Methods; Workbooks
IDENTIFIERS *Time Management

ABSTRACT

This guide is the participant workbook for the third in a series of instructor-assisted training modules for rehabilitation counselors, supervisors, and graduate students. This workbook for the third module focuses on caseload management skills, i.e.: (1) planning, emphasizing specific goals and action plans; (2) time management, including the effective allocation of time to meet client, counselor and agency needs; and (3) progress review, providing regular assessment of counselor progress toward planned goals. The materials provide worksheets, practice exercises, self-assessment checklists, and time management charts for use during the training sessions. Space for note taking is also provided. (MCF)

****
* Reproductions supplied by EDRS are the best that can be made *
* from the original document. *
****

ED218542

Advanced Facilitative Case Management Series

Training Package III

Systematic Caseload Management

Participant's Workbook

Reed Greenwood Stanford E. Rubin Roy C. Farley

U.S. DEPARTMENT OF EDUCATION
NATIONAL INSTITUTE OF EDUCATION
EDUCATIONAL RESOURCES INFORMATION CENTER (ERIC)

☐ This document has been reproduced as received from the person or organization originating it.

☒ Minor changes have been made to improve reproduction quality.

• Points of view or opinions stated in this document do not necessarily represent official NIE position or policy.

"PERMISSION TO REPRODUCE THIS MATERIAL HAS BEEN GRANTED BY

Neal D. Little

TO THE EDUCATIONAL RESOURCES INFORMATION CENTER (ERIC)."

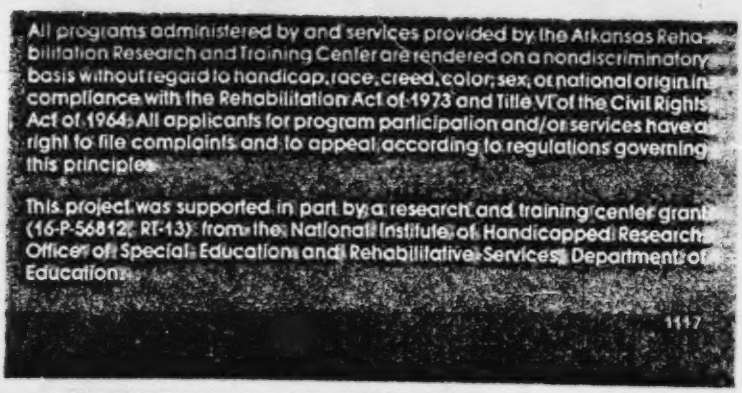
CG 016041

1980

Arkansas Rehabilitation Research and Training Center
University of Arkansas
Arkansas Rehabilitation Services

All programs administered by and services provided by the Arkansas Rehabilitation Research and Training Center are rendered on a nondiscriminatory basis without regard to handicap, race, creed, color, sex, or national origin in compliance with the Rehabilitation Act of 1973 and Title VI of the Civil Rights Act of 1964. All applicants for program participation and/or services have a right to file complaints and to appeal according to regulations governing this principle.

This project was supported in part by a research and training center grant (16-P-56813, RT-13) from the National Institute of Handicapped Research, Office of Special Education and Rehabilitative Services, Department of Education.


All programs administered by and services provided by the Arkansas Rehabilitation Research and Training Center are rendered on a nondiscriminatory basis without regard to handicap, race, creed, color, sex, or national origin in compliance with the Rehabilitation Act of 1973 and Title VI of the Civil Rights Act of 1964. All applicants for program participation and/or services have a right to file complaints and to appeal according to regulations governing this principle.

This project was supported in part by a research and training center grant (16-P-56812, RT-13) from the National Institute of Handicapped Research, Office of Special Education and Rehabilitative Services, Department of Education.

Acknowledgements

A tremendous amount of support and consultation were received during the development of this training package. In fact, so many people reviewed the material that it would be most difficult to list each person's name. However, we are particularly indebted to a number of Region VI rehabilitation personnel who served on "user review teams" and provided input and suggestions from the trainer's viewpoint as well as the practitioner's viewpoint. Among these were:

A.J. Baker, Arkansas
Billy Brookshire, Texas
Linda Doehne, Texas
Laura Ferrary, New Mexico
John Garland Flowers III, Texas
Clyde Martin, Oklahoma
Harold Skinner, Oklahoma
Alton Toms, Louisiana
Lewis Urton, Arkansas
Alton Wachtendorf, Arkansas
Tom White, Arkansas
Myrna Breeden, New Mexico
Steve Cumnock, Arkansas
Lonnie Current, Oklahoma
Jorge Garcia, Texas
Leslie Palmer, Louisiana
Anita Wooley, Louisiana
Karen Sandini, Oklahoma
George Wynne, Texas

We also appreciate the help we received from members of the Arkansas Rehabilitation Research and Training Center, particularly Doug Rice, David Sigman, and Richard Roessler. Lea Ann Crees, Tammy Bowers, Judy Herrington, Lorraine Hogue, and Patty George also deserve recognition for their typing contributions. Thanks are extended to Mary Drevdahl for her proofreading of the final manuscript.

Reed Greenwood
Stanford E. Rubin
Roy C. Farley

Table of Contents

	Page
Phase I: Planning	1
Phase II: Time Management	33
Phase III: Progress Review	45

Planning

Planning
Guideline 1

The rehabilitation counselor is called upon to fulfill many professional functions as part of his/her work role with any given client. Those functions include: (a) intake interviewing, (b) eligibility determination, (c) joint development of the rehabilitation plan, (d) arranging and purchasing rehabilitation plan designated services, (e) monitoring and problem solving, (f) placement and follow-up.

Intake Interviewing:

Eligibility Determination:

Joint Development of the Rehabilitation Plan:

Arranging and Purchasing IWRP Designated Services:

Monitoring and Problem Solving:

Placement and Follow-up:

Information Collection Demands of the Intake Interview

Table 1

Physical Factors

1. What specific physical impairments are present?
2. What caused the disability?
3. How long has the client been disabled?
4. Has the client received any disability related treatment in the past (e.g., physical therapy, occupational therapy, prosthetics, or orthotics)?
5. Has the client's disabling condition become worse over the last year?
6. Is the client currently receiving any disability related treatment?
7. Is the client taking any medication with potential side effects?
8. Do any recent medical test results clarify extent of physical impairment?
9. How does the client's physical disability handicap daily functioning?

Psychosocial Factors

1. **Personal adjustment**
   a. Are there any recent psychological test results which pertain to the question of client psychological adjustment?
   b. Is there any agency or professional from whom the client is presently receiving psychological services?
   c. Has the client ever received professional treatment for a personal adjustment problem?
   d. Is the client taking any tranquilizers, sleeping pills, etc.?
   e. Does the client report unnecessary avoidance of work and/or social situations since disabled?
2. **Relationships with family and friends**
   a. What is the client's marital status?
   b. Is the client living with his/her family?
   c. Does the client have any dependent age children?
   d. Will the most significant family members (i.e., spouse) be supportive of the rehabilitation plan?
   e. How does the client feel about his/her home environment?
   f. How does the client get along with other members of the family?
   g. Does the client have any close friends?
   h. Is the client satisfied with his/her social life?
   i. How does the client fill the hours of the day?
   j. Would the client's family be willing to relocate geographically for him/her to acquire work?

Educational-Vocational Skills Development Factors

1. **Educational history**
   a. How far did the client go in school?
   b. What did the client like or dislike about school?
   c. Why did the client leave school (graduate, other)?
   d. If the client did not complete high school, has he/she passed a high school equivalency exam?
   e. Has the client received vocational training which prepared him/her to enter a particular occupation?
2. **Work history**
   a. What were the last 3 jobs held by the client?
   b. For each of those jobs, determine:
      i. Weekly earnings.
      ii. Length of employment (Was it long enough to acquire specific skills?).
      iii. Time since job held (Has sufficient time passed for significant skill loss to take place?).
      iv. Aspects of the job performed well and poorly by the client.
      v. Aspects of the job liked most and least. Why?
      vi. Reasons for termination of employment.
   c. Prior to onset of disability, were there any significant interruptions in work history? Why?
   d. Is the client presently unemployed? If yes, how long?
   e. Has the client been employed since he/she was disabled?

Economic Factors

1. What is the client's primary source of support?
2. Does the client have other sources of support?
3. Does the client have any unpaid debts of significant size?
4. What fixed living expenses such as medication costs cannot be reduced?
5. Does the client have a workmen's compensation case pending?
6. Is the client receiving or has the client applied for welfare or SSI benefits?
7. Does the client have any medical insurance?
8. Is the client concerned about his/her economic situation?
9. What minimal level of earnings from work must the client receive?

Diagnostic Questions Which Should Be Addressed by the Rehabilitation Counselor During the Evaluation Process

Table 2

Physical Factors

Extent of disability

1. How does the disability handicap employment potential?
2. Is the disability progressive or stable?
3. Can the client's functioning in activities of daily living be improved?
4. How much assistance in activities of daily living will the client always need?

Services

1. Which physical restoration services are needed to reduce the handicapping effects of the disability (e.g., surgery, orthotic and prosthetic devices, physical therapy, and occupational therapy)?
2. Can job modifications reduce the extent of the client's physical handicap for employment?

Psychosocial Factors

Psychological reaction to disability

1. To what degree has the client adjusted to the handicapping aspects of the disability?
   a. Does the client use "disability" as an excuse for failure?
   b. Are any physical symptoms psychologically based?
   c. Is the client excessively concerned with personal health?
   d. What secondary gains is the client receiving from remaining unemployed?

Vocational self-concept

1. Does the client have a realistic perception of current
   a. strengths and weaknesses as a worker,
   b. potential for vocational skill development, and
   c. reasons for being unemployed?

Family and friends

1. What positive or negative role will the client's family and friends play in the rehabilitation process, e.g., be supportive, overprotective, or unrealistic regarding client potential?

Job acquisition

1. Can the client independently locate job openings?
2. Can the client satisfactorily fill out job application blanks?
3. Can the client make a good impression on an employer?

Job sustension

1. Can the client satisfactorily meet the demands of competitive work; e.g., accepting supervision, working independently, getting along with co-workers, and maintaining an adequate production rate?
2. Would the client's present use of leisure time adversely affect job retention?

Services

1. Which personal counseling, family counseling, work adjustment and/or placement services would be necessary; e.g., psychotherapy, work adjustment training, and job seeking skills training?

Educational-Vocational History Factors

Educational history

1. Which type of vocational training or jobs does the client's educational history suggest?
2. Are client vocational aspirations and educational history compatible?

Work history

1. What vocational skills does the client currently possess?
2. What vocational skills can the client develop that could limit the functional impact of the disability?
3. Has the client developed vocational skills that have vocational relevance?
4. Are client vocational goals consistent with current vocational interests?

Services

1. Which educational and vocational services are needed (e.g., remedial education and/or vocational training)?

Economic Factors

Financial considerations

1. Do disability-related financial benefits (SSI, SSDI, Medicaid, Workmen's Compensation) create disincentives to the client's rehabilitation?
2. Could current debts affect the completion of the cli[illegible], rehabilitation program?
3. Can the client manage personal finances?
4. Does the client have sufficient financial support at present?

Services

1. What economic support will the client need during and after the rehabilitation program (e.g., SSI, food stamps, low rent housing, etc.)?

Planning
Guideline 2

In the service provision process for some clients, the rehabilitation counselor will be called upon to interact with significant others.

Planning
Guideline 3

Each of the functions discussed under Guidelines 1 and 2 requires the rehabilitation counselor to undertake the case processing functions of: (a) recording and reporting, and (b) decision making. Again, these functions must be thoroughly understood for effective planning.

Planning
Guideline 4

In order to plan for the effective management of the caseload, the rehabilitation counselor must thoroughly understand the demands of each counselor function listed under Guidelines 1, 2, and 3.

Review of Rehabilitation Counselor Functions and Tasks

Figure 1

Intake Interviewing Through Interaction and Information Exchange Techniques

Collecting Social and Vocational History
Disseminating Information
Developing Rapport
Related Decision Making, Recording and Reporting

Eligibility Determination

Arranging and Purchasing Evaluation Services
Determining Extent of Disability, Handicap to Employment and Client Feasibility
Related Decision Making, Recording and Reporting

Development of the Rehabilitation Plan

Involve Client
Determining Main Vocational Rehabilitation Goal and Intermediate Rehabilitation Goals
Developing Goal-Attainment Assessment Plan
Related Decision Making, Recording and Reporting

Arranging and Purchasing Rehabilitation Plan Designated Services

Counseling Services
Restoration Services
Training Services
Related Decision Making, Recording and Reporting

Monitoring and Problem Solving

Monitoring Progress and Problem-Solving
Related Decision Making, Recording and Reporting

Interaction with Significant Others

Families of Clients
Friends
Civic Club Members
Related Decision Making, Recording and Reporting

Placement and Follow-Up

Job Development
Client Advocate with Employer
Follow-up
Related Decision Making, Recording and Reporting

Knowledge and Skills Related to Rehabilitation Counseling

Figure 2

Function and Task	Knowledge and Skills Required
Intake Interviewing	
Collecting Social-Vocational History	Relevant topics to explore with client in the areas of: (a) physical and psychosocial functioning; (b) educational-vocational skills; (c) financial circumstances; and (d) vocational goals.
	Facilitating client self-exploration.
	Systematic information collection directed interviewing.
	Agency intake forms.
Disseminating Information	Relevant information to disseminate regarding the role and function of the rehabilitation agency and the counselor.
	Relevant information to disseminate to client regarding client's rights.
	Effective use of declarative interaction technique.
	Effective timing of information dissemination.
	Use of appropriate language level in providing information to client.
Developing Rapport	Interview response styles which facilitate counselor-client relationships.
	Counselor interpersonal skills, e.g., empathy, respect and genuineness.
Eligibility Determination	
Arranging and Purchasing Evaluation Services	Physicians and psychologists and areas of specialization.
	Evaluation required by agency for specific disability types.
	Client information to provide physician and/or psychologist at referral.
	Ability to plan evaluations with client.
	Ability to orient physician or psychologist to client and type of report needed.

Determining Extent of Disability, Handicap to Employment and Client Feasibility	Medical and psychological aspects of disability.
	Available rehabilitation services.
	Interpret and understand contents of medical reports.
	Effective utilization of agency medical consultants.
	Available jobs.
	Agency funding procedures.
	Ability to integrate information on the client, demand characteristics of available jobs, and available rehabilitation services for diagnosing the feasibility of a client for vocational rehabilitation.

Development of the Rehabilitation Plan

Determination of Rehabilitation Goals	World of work.
	Available rehabilitation services for producing client physical gain and vocational skill development.
	Ability to involve client.
	Vocational rehabilitation goal determination aids such as the Information Processing Summary Form, and Balance Sheet.
	Agency funding policies and procedures.
	Vocational counseling techniques.
	Utilizing goal planning interview aids such as the Information Processing Summary Form for facilitating client vocational choice.
Developing Goal Attainment Plan	Goal attainment scaling procedures.
	Interviewing skills.
	Use of goal attainment scaling.

Arranging and Purchasing Rehabilitation Plan Designated Services

Counseling, Restoration and Training Services	Counseling services in the community. Restoration services. Training services. Agency purchasing policies. Third party payments for services. Effective interaction with other counselors in the community. Effective interaction with physicians, physical therapists, occupational therapists, nurses and related medical personnel. Arranging for services effectively.

Monitoring and Problem Solving

Monitoring Progress and Problem Solving	Client's past behavior. Client's goals and plans. Problem solving strategies, i.e., self-exploration and self-understanding and action techniques. Awareness of client or environmental conditions which present problems, particularly in relation to basic needs. Securing periodic progress reports and calling on clients. Interpersonal skills. Facilitating self-exploration interaction techniques.

Interaction with Significant Others

Families of Clients, Client's friends, and Others	Family dynamics. Effectively interact with family members. Effectively interact with other significant individuals.

Placement and Follow-up

Identification of Available Jobs and Client Placement	Business and industry operations. Insurance, labor unions, and other employment related factors. Abilities of clients. Available employment in area. Rehabilitation facts and figures. Effectively interact with employers.

Planning

Guideline 5

To plan effectively, the rehabilitation counselor must also understand the rehabilitation process. That process is divided into three basic phases—evaluation and planning, treatment, and termination. The client moves through these phases in an orderly manner with the services provided by the counselor and all others involved in the rehabilitation of the client.

Phases of the Rehabilitation Process

Figure 3

Evaluation and Planning:

Treatment:

Termination:

Planning

Guideline 6

The rehabilitation process can be further understood by knowledge of the case status system used throughout the vocational rehabilitation agencies in the United States. The case status system parallels the three phases of the rehabilitation process (Evaluation-Planning, Treatment and Termination) discussed under Guideline 5.

Status 00 - Referral

Status 02 - Applicant

Status 06 - Extended Evaluation

Status 08 - Closed from Referral, Applicant or Extended Evaluation Status

Status 10 - Plan Development

Status 12 - Plan Completed

Status 14 - Counseling and Guidance

Status 16 - Physical Restoration

Status 18 - Training

Status 20 - Ready for Employment

Status 22 - In Employment

Status 24 - Services Interrupted

Status 26 - Closed Rehabilitated

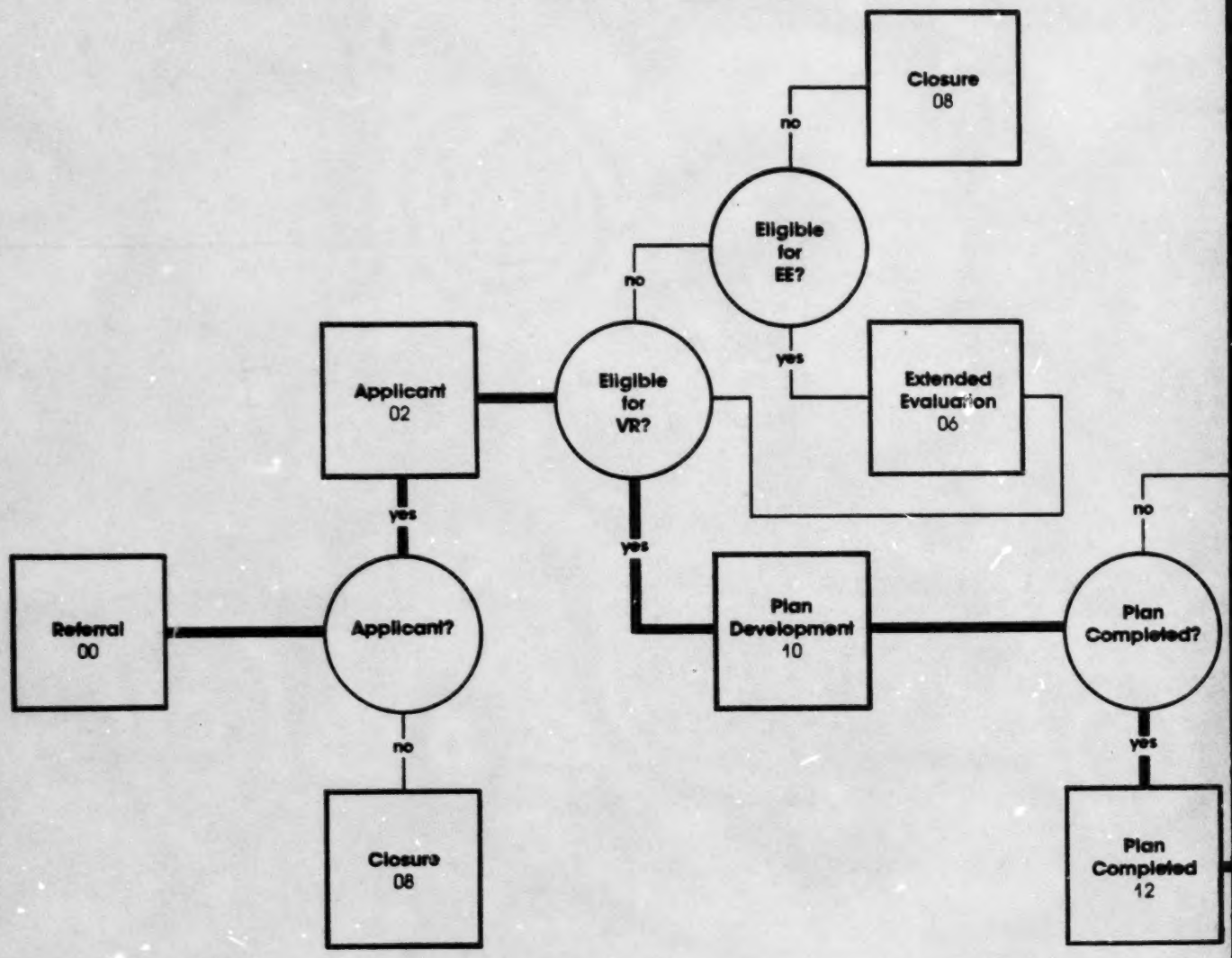
Status 28 - Closed Not Rehabilitated after Services Initiated

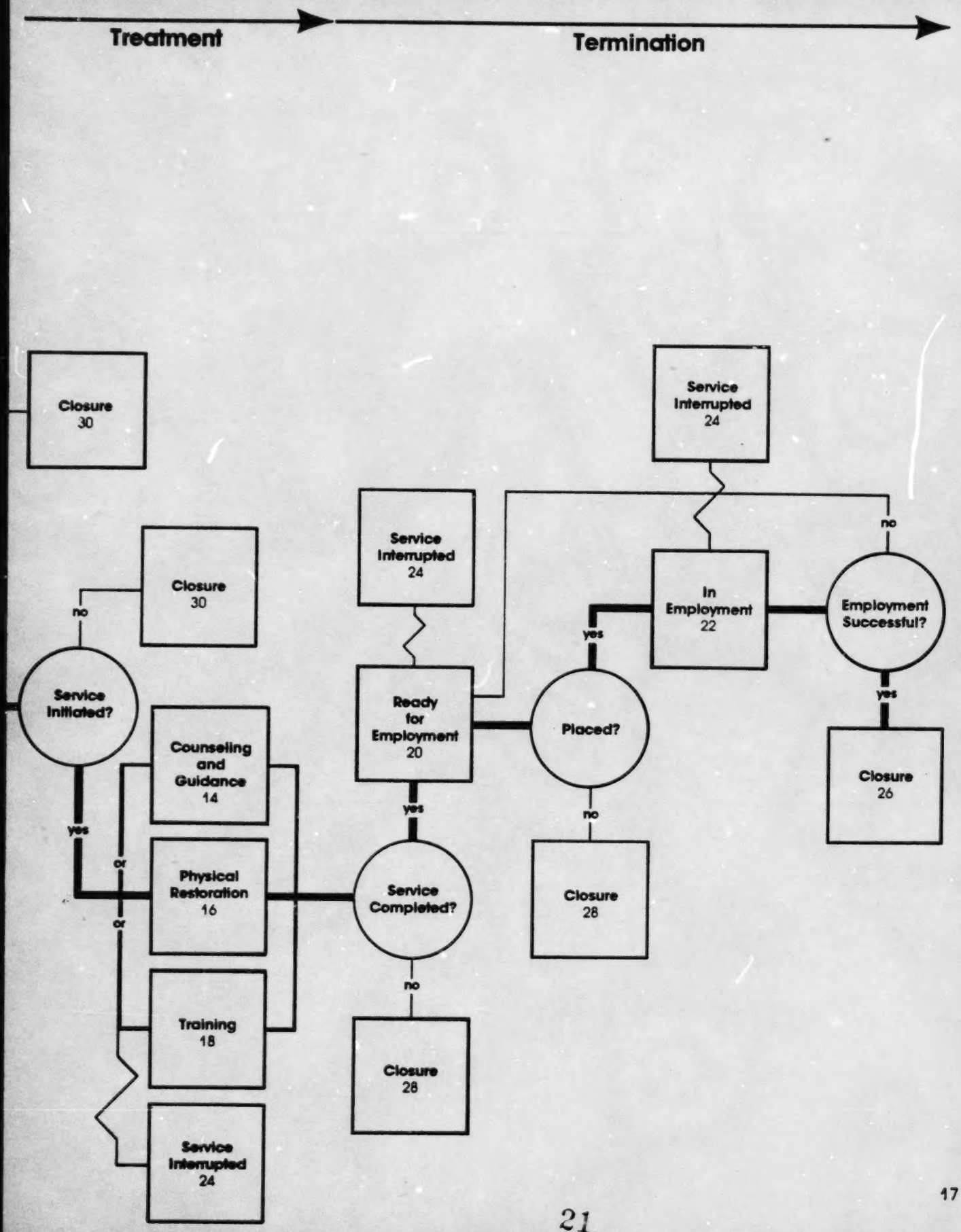
Status 30 - Closed Not Rehabilitated before Services Initiated

Status 32 - Post-Employment Service

Status 34 - Closed from Post-Employment

Evaluation and Planning




Treatment
Termination
Closure
30
Service
Interrupted
24
Service
Interrupted
24
Closure
30
no
no
In
Employment
22
Employment
Successful?
yes
yes
Service
Initiated?
Ready
for
Employment
20
Placed?
Counseling
and
Guidance
14
yes
yes
Closure
26
or
Physical
Restoration
16
Service
Completed?
no
Closure
28
or
Training
18
no
Closure
28
Service
Interrupted
24

Planning

Guideline 7

The rehabilitation counselor should be able to systematically relate the case management functions and tasks to the rehabilitation process.

The Rehabilitation Grid

Figure 5

Counselor Functions & Tasks	**The Rehabilitation Process**		
	(Statuses 00-12) Evaluation & Planning	**(Statuses 14-16-18)** Treatment	**(Statuses 20-34)** Termination
Intake Interviewing Collecting Social and Vocational History Disseminating Information Developing Rapport Related Decision Making, Recording and Reporting			
Eligibility Determination Arranging and Purchasing Evaluation Services Determining Extent of Disability, Handicap to Employment, and Client Feasibility Related Decision Making, Recording and Reporting			
Development of the Rehabilitation Plan Determination of Main Vocational Rehab. Goal and the Intermediate Rehabilitation Goals Developing Goal Attainment Assessment Plan Related Decision Making, Recording and Reporting			

The Rehabilitation Grid (cont.)

Counselor Functions & Tasks	The Rehabilitation Process		
	(Statuses 00-12) Evaluation & Planning	(Statuses 14-16-18) Treatment	(Statuses 20-34) Termination
Arranging and Purchasing Rehabilitation Plan Designated Services			
Counseling Services			
Restoration Services			
Training Services			
Related Decision Making, Recording and Reporting			
Monitoring and Problem Solving			
Monitoring Progress and Problem Solving			
Related Decision Making, Recording and Reporting			
Interacting with Significant Others			
Families of Clients			
Client Friends			
Civic Club Members			
Related Decision Making, Recording and Reporting			
Placement and Follow-up			
Job Development			
Client Advocate with Employers			
Follow-up			
Related Decision Making, Recording and Reporting			

Planning

Guideline 8

The counselor should use a systematic process to monitor the service goals for each client. Such a process involves an instrument such as the Service Goal Monitoring Form by which the counselor specifies service goals to be accomplished and states the action plan to accomplish the goal.

Key Features of a Service Goal Monitoring Form

Identification of Service Goals for a Client

Awareness of the Rehabilitation Process

Awareness of Counselor Functions and Tasks

Statement of Action Plan to Accomplish Goal

Service Goal Monitoring Form

Figure 6

Client: _____ **Phase:** **Evaluation-Planning** **Treatment** **Termination**

Counselor Functions & Tasks

Intake Interviewing	**Eligibility Determination**	**Development of the Rehabilitation Plan**	**Arranging & Purchasing IWRP Designated Services**	**Monitoring & Problem Solving**	**Interaction with Significant Others**	**Placement and Follow-up**
Collecting Social & Vocational History Disseminating Information Developing Rapport Planning Evaluation	Arranging and Purchasing Evaluation Services Determining Disability, Handicap to Employment, and Client Feasibility	Determine Main Voc. Rehab Goal and Intermediate Rehab Goals Develop Goal Attainment Assessment Plan	Counseling Services Restoration Services Training Services	Monitoring Progress and Problem-solving	Families of Clients Employers Civic Club Members	Job Development Client Advocate with Employer Follow-up Related Decision Making, Recording and Reporting
S. Goal	S. Goal	S. Goal	S. Goal	S. Goal	S. Goal	S. Goal
Action Plan:	Action Plan:	Action Plan:	Action Plan:	Action Plan:	Action Plan:	Action Plan:
S. Goal	S. Goal	S. Goal	S. Goal	S. Goal	S. Goal	S. Goal
Action Plan:	Action Plan:	Action Plan:	Action Plan:	Action Plan:	Action Plan:	Action Plan:

Examples of Types of Entries Which Could be Made on Service Goal Monitoring Form

Figure 7

1. **Service Goal:** Determine reason client is seeking rehabilitation services.
   Action Plan: Collect social history during the intake interview.
2. **Service Goal:** Increase client understanding of role and function of rehabilitation agency.
   Action Plan: Disseminate necessary information to client during the intake interview.
3. **Service Goal:** Determine extent of client physical disability.
   Action Plan: Arrange for appropriate medical evaluation.
4. **Service Goal:** Determine client feasibility for competitive employment.
   Action Plan: Arrange for appropriate work evaluation.
5. **Service Goal:** Complete an IWRP.
   Action Plan: Conduct a rehabilitation plan development interview.
6. **Service Goal:** Increase client hand functioning.
   Action Plan: Arrange for orthopedic surgery for the client.
7. **Service Goal:** Improve client self-confidence.
   Action Plan: See client for personal counseling every two weeks.
8. **Service Goal:** Determine client's progress in drafting training.
   Action Plan: Visit client at training site, ascertain progress, and identify any problems requiring active intervention.
9. **Service Goal:** Resolve client indecision about continuing or dropping out of nurses aide training.
   Action Plan: Schedule a meeting with client to discuss situation with her.
10. **Service Goal:** Reduce the uncertainty of the client's wife regarding the value of the client entering a one year vocational training program.
    Action Plan: Schedule a meeting with client's wife for purposes of providing her information on client's rehabilitation plan and the benefits that can result from its completion.
11. **Service Goal:** Client to obtain a job as a janitor.
    Action Plan: Meet with personnel manager of local chicken industry for purposes of explaining client's ability to perform the job and securing a job interview for the client.

Planning
Guideline 9

When completing the Service Goal Monitoring Form with service goals and actions plans and when developing other plans, the counselor should be as specific as possible. Service goals and action plans should be stated in behavioral terms if at all possible.

Planning
Guideline 10

In addition to identifying service goals, be aware that there may be several alternative action plans for achieving a service goal.

Service Goal: Obtain a job as a key punch operator

Alternative Action Plans:

Counselor contact Acme Industries, Smith Trucking and the State Employment Service about job openings in key punch work

Client contact Acme Industries, Smith Trucking and the State Employment Service about job openings in key punch work

Client search the newspapers for possible job openings in key punch work

Counselor contact Acme Industries for interview for client for job in key punch work

Counselor request that the Placement Specialist contact appropriate local industries for possible job openings in key punch work

Counselor assign client to a job seeking skills training group directed at facilitating client autonomous procurement of employment

Summary of Intake Interviews

Shirley Steed

I have four children; two sons, ages fifteen and seventeen and two married daughters, ages nineteen and twenty. Married at age sixteen, I did not work during the first ten years of my marriage. At age 26, I went to work in a fabric shop. I worked in the fabric shop for 6 months at which time I took a job in a print shop where I worked for eight years. I then took a job in a second print shop where I was employed until two weeks ago. I had to quit that job because of illness. I am currently under considerable financial strain and am applying for public assistance.

I am seeking rehabilitation services to gain vocational skills to become a secretary. Although I have no formal work experience as a secretary, I had secretarial training in high school.

Although I quit school in the twelfth grade, I earned my high school diploma by passing a GED examination three years ago. During high school, I completed a typing and shorthand course reaching skill levels of 55 wpm on the typewriter and 60 wpm with shorthand. However, I have not typed or taken shorthand for the past 22 years.

Due to my present health condition, I am no longer able to do the heavy work required in a print shop. My major symptoms are bad varicose veins, chronic bronchitis, emphysema, and nervousness and depression. My medical complications developed when I began work 12 years ago in a fabric shop. At that point, my health began to deteriorate due to an asthmatic condition which was aggravated by an allergy to wool. After I left the fabric shop I began working for Top Notch Printing. At that job I operated an AB Dick offset press, did some dark room work, and some collating. I was able to handle the job physically and liked working there. However, during my 8 years of employment at Top Notch Printing, I was frequently absent from work due to acute health problems. After I had been employed there for four years, I contracted double pneumonia that triggered a chronic bronchitis condition. During the remainder of my employment at Top Notch Printing, I was frequently absent from work due to recurring lung infections from the chronic bronchitis. Approximately three years ago, I was hospitalized for physical and nervous exhaustion that was the end product of marital conflicts, my husband leaving me, and deteriorating health. At that point, I lost my job at Top Notch Printing because of my frequent absenses from work.

I divorced my husband at that time. He started drinking from the time that I developed chronic bronchitis and often tended to physically abuse me. In fact, about a month before I lost my job in the print shop, I had him jailed for assault and battery and sued him for divorce. I have not seen or heard from him since he was released from jail.

The crushing combination of factors at the time brought on a depression for which I was treated by a counselor at a mental health center over the following 12 months. The counseling helped me adjust to my divorce, to overcome my depression, and to return to work.

I was unemployed for 3 months following the loss of my job at Top Notch Printing. I then acquired a job at T and J Printing as a press assistant and also did the collating necessary for producing a weekly newspaper. I operated a Hidelburg and Davidson offset printing press. I handled all the paper cutting and the entire printing process. The job was extremely difficult for me. I had to handle a case that the type is locked in which ranged in weight from a minimum of 10 pounds to a high of 40 pounds with the full form locked into it. The work was simply wearing me down, and I was going from one illness to another. My bronchial condition became worse, and my doctor told me I had developed emphysema. I, therefore, had to quit my job for health reasons. I was earning $132.00 a week when I quit. I also developed very bad varicose veins in both legs, and it bothers me to be on my feet all day. I am also taking Valium (5 mg. a day) for tension. My doctor has also prescribed Librax to control my nervous stomach. My stomach problems are particularly troubling during periods of high stress such as the one which I am currently undergoing.

I have a close relationship with both of my daughters. In fact, my fifteen year old son and I are currently living with one of them. However, we cannot continue to live with her much longer because her husband will be returning from the service in about a month. Therefore, I must find an apartment very soon.

I am concerned about my fifteen year old son's interest in quitting school and entering Seaman's School. Although he is having difficulties in high school and would probably get along better at Seaman's School, he cannot leave high school for another year. My older son, who is seventeen, is currently in jail for grand larceny. Although he originally received a one year sentence for stealing a car, he did escape and has had additional time added to his sentence. These complications with my two sons have made me very tense and worried.

I have no insurance of any type and am currently paying medical bills that run about $30 a month. Because I am currently unemployed I have no money coming in and need to receive some financial support. I don't like being dependent on welfare and therefore hope that I can return to work very soon. I feel that the wages I could earn as a secretary would be adequate to cover my living expenses.

Planning
Guideline 11

The counselor should remain aware of agency job requirements and personal professional needs which might be planned for as part of the job role.

Some possible agency job requirements which must be planned for.

1. _____
2. _____
3. _____
4. _____
5. _____
6. _____
7. _____
8. _____
9. _____
10. _____

Some possible counselor needs which must be planned for.

1. _____
2. _____
3. _____
4. _____
5. _____
6. _____
7. _____
8. _____
9. _____
10. _____

Planning
Guideline 12

Prioritize! After determining the needs to be met in terms of the client, the agency and the counselor, the counselor should prioritize these in terms of which should receive attention and action first.

Counselor Ellen Murray's Story

I am a rehabilitation counselor with a general caseload of clients representing many disability types. As the case with most field counselors, I have a rather large caseload and must spend my time well in order to serve all of my clients. Each year the paper work and other administrative workload seems to increase more and more. I am nearing the end of a typical Friday in the field office at Junction City, Arkansas. It's time for me to pause and think about my next week's work.

I received the second phone call today from Tony Jones about an initial interview. Tony has been waiting for two weeks to see a counselor and he reportedly has been a patient in the local mental health center. Also, I received a memorandum from the state office informing me that there will be no funds to support the graduate course I had planned to take during the next semester. This was particularly disappointing since I need the course to improve my placement skills and this course would also entitle me to move to the next level of salary on the state compensation plan. I need to meet with my supervisor and discuss this new policy since it will affect me considerably.

The medical report on Melinda Bracken came today. Because of the complicated medical problems there are several points which should be reviewed with the local medical consultant before I meet again with Melinda.

I also need to schedule an IWRP Development interview with Shirley Steed since all of the significant evaluation data have been collected and it is time to finalize her IWRP. I will, however, have to spend considerable time in preparation for Shirley's interview to completely process all of the information.

It seems the paperwork will never stop. I have not dictated the case narratives on the three interviews I conducted today and there is no time left to do that. Since my notes are adequate I can delay that task until next week.

I had better look over this reminder from my secretary about James Smith. I see that I must complete the arrangements to purchase the tools necessary for him to begin training in auto mechanics. James is scheduled to enter training three weeks from next Monday so I had better do that next week. Oh, here is a note from my supervisor requesting a conference as soon as it is convenient. I had better schedule that for next week also.

Let's see, I'd better look over this letter from the parents of Betsy Fargo, a mentally retarded client of mine. The Fargos are requesting a conference with me in order to gain a better understanding of the rehabilitation programs available for Betsy. I'll make a note to set up that conference next week.

Well I think I can leave now (phone rings). That was Mike Adams, one of my clients, calling to tell me that he has decided to drop out of college and would like to talk with me about it next week.

I had better check the bulletin board on my way out. Great, there will be a free demonstration of Personal Achievement Skills, a group personal adjustment program, presented at the local rehabilitation facility next week. This is something I have been interested in for some time and now I will have the opportunity to attend the session here in Junction City. I had better make a mental note to check the details on it Monday.

Prioritize! Prioritize!

_____ Conduct an initial interview with Tony Jones who has been waiting for two weeks to see a counselor.

_____ Meet with the supervisor of counselors to discuss the new policy which prohibits counselors from enrolling in evening college courses with agency support until next year.

_____ Meet with agency medical consultant to discuss the implications of the medical report received yesterday on Melinda Bracken.

_____ Conduct an IWRP Development Interview with Shirley Steed who has called three times in the past week about her rehabilitation program.

_____ Dictate the case narratives from the three cases which were seen today.

_____ Arrange for the purchase of the tools necessary for James Smith to begin training in auto mechanics scheduled for three weeks from next Monday.

_____ Conduct a problem solving interview with Mike Adams who called yesterday and indicated he had decided to drop out of college.

_____ Meet with parents of Betsy Fargo, a mentally retarded client, to discuss the rehabilitation program for Betsy.

_____ Attend a demonstration of Personal Achievement Skills.

_____ Meet with supervisor when convenient about who knows what.

Planning

Guideline 13

Be flexible! Although the purpose of planning is to improve the realization of the important goals of the counselor's work, plans should be flexible and adjusted as necessary.

Planning Guidelines

Figure 8

1. Know the counselor functions and tasks with all clients.
2. Know the counselor tasks with significant others.
3. Know the recording and reporting and decision making demands.
4. Understand the demands of the functions and tasks.
5. Understand the rehabilitation process.
6. Understand the rehabilitation case status system.
7. Understand the relationship among the counselor tasks, the rehabilitation process and the case status system.
8. Use a systematic process to monitor service goals and to develop action plans.
9. Be specific in stating service goals and action plans.
10. Explore alternatives when considering service goals and action plans.
11. Be aware of agency and personal needs which require planning.
12. Prioritize action plans.
13. Be flexible and adjust plans as necessary.

Phase II

Time Management

Time Management

Guideline 1

Analyze your time

Exercise I

Time Log Summary	Actual	Estimate
Intake Interviewing	_____	_____
Eligibility Determination Interviews	_____	_____
Rehabilitation Plan Development Interviews	_____	_____
Problem Solving-Monitoring Interviews	_____	_____
Recording and Reporting	_____	_____
Arranging and Purchasing	_____	_____
Decision Making	_____	_____
Interaction with Significant Other	_____	_____
Placement and Follow-up	_____	_____
Traveling	_____	_____
Meeting with supervisors and other agency personnel (secretaries, regional supervisors, etc.)	_____	_____
Other Describe:		
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

Time Management

Guideline 2

Develop a time map and plan daily

Rehabilitation Counseling Time Map

	Monday	Tuesday	Wednesday	Thursday	Friday
8:00					
9:00					
10:00					
11:00					
12:00					
1:00					
2:00					
3:00					
4:00					
5:00					

Time Management
Guideline 3

Allow for the unexpected

Time Management
Guideline 4

Assess the uncontrollable

Exercise 2
The Uncontrollable

Activity **Who exerts the controls**

_____% of my work week controlled by others

The Controllable
Activities Over Which I Have Control

_____ % of my work week controlled by me

Time Management
Guideline 5

Delegate and minimize involvement in routine, repetitive activities

Time Management
Guideline 6

Consolidate similar tasks

Exercise 3
The Task Consolidation Exercise

List below the types of tasks which you would consolidate to make your use of time more efficient.

1. _____
2. _____
3. _____
4. _____
5. _____
6. _____
7. _____
8. _____

Time Management

Guideline 7

Use your prime time for the important tasks

Exercise 4

Using the time schedule below, block off your prime time

8:00 a.m.	
9:00	
10:00	
11:00	
12:00	
1:00 p.m.	
2:00	
3:00	
4:00	
5:00	
6:00	
7:00	
8:00	
9:00	
10:00	

Time Management

Guideline 8

Avoid procrastination

Exercise 5

Tasks which I tend to Put Off

Time Management

Guideline 9

Identify and avoid the time wasters

Exercise 6

The Time Wasters

Things which you have found to be time wasters.

1. _____
2. _____
3. _____
4. _____
5. _____

Techniques for Reducing Time Wasters

1. _____
2. _____
3. _____
4. _____
5. _____

Time Management Guidelines

1. Analyze your time.
2. Develop a time map and plan daily.
3. Allow for the unexpected.
4. Assess the uncontrollable.
5. Delegate and minimize involvement in routine, repetitive tasks.
6. Consolidate similar tasks.
7. Use your prime time for the important tasks.
8. Avoid procrastination.
9. Identify and avoid the time wasters.

Time Management

Guideline 10

Allocate sufficient time to provide quality counseling services

Sub-guidelines for Time Management

Guideline 10

Sub-Principle	Time in Hours
a. All new referrals should have an initial interview within the month.	2
b. Continuing referrals should be contacted at least once a month.	½
c. The information processing required for eligibility determination for new cases will require at least one hour per case.	1
d. Rehabilitation clients in active status should be contacted at least every 60 days.	½
e. Clients ready for employment require at least minimal placement assistance and monitoring.	1
f. Clients in employment should receive at least one contact from the counselor each 30 days of employment.	½
g. The rehabilitation plan development interview should be of sufficient length to fully explore all relevant possibilities for vocational choices and future rehabilitation services.	4
h. Problem-solving and monitoring interviews should be of sufficient length to fully cover the counseling needs of the client.	1
i. Other counselor tasks will require time from the work schedule of the counselor and the counselor should allocate appropriate time to these.	Variable

Exercise 7

Other Assumptions About the Caseload Management of Ellen Murray's Caseload During the Coming Month

1. Ellen will practice rehabilitation counseling according to the time requirements below.

2. Ellen has no plans for vacation, and will experience no illness or other contingencies which will take her away from her caseload during the coming month.

Time Requirements for Ellen Murray's Month

Caseload	Hours
Cases in Referral Status	
10 new referrals to be seen	_____
15 continuing referrals	_____
5 "08" closures to be processed	_____
Cases in Active Status	
5 new cases to be accepted	_____
5 new plans to be completed	_____
5 new plans to be initiated	_____
50 continuing cases in service	_____
5 cases ready for employment	_____
5 cases in employment	_____
10 closures to be processed (statuses 26, 28, & 30)	_____
Other Tasks	
_____	_____
_____	_____
_____	_____

Phase III

Progress Review

Progress Review
Guideline 1

Meeting needs: the basic objective

Progress Review
Guideline 2

Review at least weekly

Progress Review
Guideline 3

Use available resources in your setting to assist in progress review

Use of Resources in Progress Review

1. Who do you turn to for assistance in reviewing the progress you are making as a counselor?
2. What type of assistance do you seek from these individuals?
3. Who is most helpful in providing such assistance?

Group Discussion

1. Who do you feel you should be able to turn to for assistance in progress review?
2. What problems are involved in seeking help in progress review?
3. What solutions could the counselor try in overcoming resistance to seeking help in progress review?

Progress Review Principles

1. Meeting needs, the basic objective
2. Reviews at least weekly
3. Use of resources such as supervisors and colleagues to assess more completely

A Systematic Caseload Management Principle to Always Remember:

The Principle of Muddling Through

Little planning;
less time management;
practically no progress review;
which leaves little time for anything but
the mess you are in now.